



Central Washington Home Builders Association

The team behind your dream

MEMBERSHIP APPLICATION

MEMBER CONTACT INFORMATION

Company Name:		PRIMARY Contact Name:	
Mailing Address:		City/State/Zip:	
Physical Address:		City/State/Zip:	
Phone:	Cell:	Fax:	
Email:	Website:	Position/Title:	

BUSINESS HISTORY

UBI#:	Years in Business:	
Contractor Registration #:	Exp. Date:	Number of Employees:
General Liability Insurer:		
Choose your Membership Type:	<input type="checkbox"/> BUILDER: *General Contractor/Residential or Commercial <input type="checkbox"/> ASSOCIATE: *Specialty Trade Contractor or Service Provider <input type="checkbox"/> AFFILIATE: *An Additional Company Contact who receives CWHBA notices and news by email.	

Name of AFFILIATE (if applicable):	
Address:	City/State/Zip:
Phone:	Email:

PLEASE CHECK THE FOLLOWING INFORMATION/SERVICES YOU WOULD LIKE TO RECEIVE:

<input type="checkbox"/> Events Flyers: Home Show, Tour of Homes, Tour of Remodeled Homes, Golf Tournaments, General Membership Dinners (GMD's), Summer Social, Education Classes, etc.		
<input type="checkbox"/> Return on Industrial Insurance (R.O.I.I. Select)	<input type="checkbox"/> BIAW Health Insurance Program	<input type="checkbox"/> "CWHBA Insight" (emailed news)

PAYMENT

<input type="checkbox"/> First Years Dues: \$514 (includes a voluntary \$35 contribution to CWHBA's Political Action Committee (PAC))
<input type="checkbox"/> First Year Dues w/o PAC contribution: \$479
<input type="checkbox"/> Affiliate Member: \$50 (will receive CWHBA information by email)
<input type="checkbox"/> Built Green Participation Fee: \$100 (Please fill out the "Built Green" information page on the reverse side of this sheet)
<input type="checkbox"/> Remodelers Council Membership: \$50

PAYMENT METHOD:
 Check
 Cash
 MC
 VISA
 DISCOVER
 AM EX
Total Amount: \$

Credit Card #:	V Code:	Exp. Date:	Today's Date:
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Exact name on the card: (PRINT)	Signature: (Your signature authorizes us to charge the card listed above for your membership fees)
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Please provide the Name of the Member We Can Thank For Referring You To Our Association: _____

As a member of the CWHBA, I hereby agree to abide by the constitution, by-laws and code of ethics. In the event of termination of my membership in the Association, I agree to immediately discontinue the use of its logo in any form. I understand that by providing the fax number(s) above, on behalf of the company/organization specified above, I am authorized to and hereby consent to receive faxes for the company/organization sent by or on behalf of Central Washington Home Builders Association.

Signature:	Date:
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Send This Application Along With Payment To:

Central Washington Home Builders Association 3301 W. Nob Hill Blvd., Yakima, WA 98902 Phone: (509) 454-4006
 Fax: (509) 454-4008 Toll Free: (800) 492-9422 Email: cfaul@cwaha.org Website: www.cwaha.org